

Fill in this information to identify the case:

Debtor name **Atlanta Light Bulbs, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number (if known) **22-52950**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Ford Motor Credit Company, LLC</b> <small>Creditor's Name</small> <b>c/o Ronald A. Levine</b> <b>P.O. Box 422148</b> <b>Atlanta, GA 30342</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien   Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$459,433.00</b>	<b>Unknown</b>

2.2	<b>Tandem Bank</b> <small>Creditor's Name</small> <b>c/o Attn: Leslie M. Pineyro</b> <b>699 Piedmont Avenue, NE</b> <b>Atlanta, GA 30308</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	Describe debtor's property that is subject to a lien   Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$600,000.00</b>	<b>Unknown</b>
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Debtor **Atlanta Light Bulbs, Inc.** Case number (if known) **22-52950**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☒ Disputed

**2.3 U.S. Small Business Admin**

Creditor's Name

**200 W. Santa Ana Blvd.  
Ste. 740  
Santa Ana, CA 92701**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$2,025,551.37**

**Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$3,084,984.37**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Atlanta Light Bulbs, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Allison Meehan</b> <b>8723 stony field way</b> <b>louisville, KY 40299</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$2.21</b>	<b>\$2.21</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>ANDREA MCKEEVER</b> <b>4370 GUNNIN RD</b> <b>Norcross, GA 30092</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$74.20</b>	<b>\$74.20</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.3	Priority creditor's name and mailing address <b>Ashley Van Gelder</b> <b>3307 Stone Heather Ct.</b> <b>Herndon, VA 20171</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$12.60</b> <b>\$12.60</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.4	Priority creditor's name and mailing address <b>Ben Hartshorn</b> <b>490 JARVIS DR</b> <b>MORGAN HILL, CA 95037-2809</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$171.90</b> <b>\$171.90</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.5	Priority creditor's name and mailing address <b>Bradley Harken</b> <b>2808 South Radio Lane</b> <b>Spokane, WA 99223</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$161.90</b> <b>\$161.90</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.6	Priority creditor's name and mailing address <b>chirag patel</b> <b>628 U.S. 250</b> <b>Norwalk, OH 44857</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$55.26</b> <b>\$55.26</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.7	Priority creditor's name and mailing address <b>Christopher Cooper</b> <b>6956 Whitewater Ln</b> <b>Lincoln, NE 68521</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$6.45</b>	<b>\$6.45</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.8	Priority creditor's name and mailing address <b>Connie Chen</b> <b>4011 Crest Ct</b> <b>Pleasanton, CA 94588</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$24.73</b>	<b>\$24.73</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.9	Priority creditor's name and mailing address <b>Daniel Gray</b> <b>867 Valley Street</b> <b>Dayton, OH 45404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$136.50</b>	<b>\$136.50</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.10	Priority creditor's name and mailing address <b>Dave Gomoll</b> <b>3323 Dekalb Ln</b> <b>Neenah, WI 54956</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$10.65</b>	<b>\$10.65</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.11	Priority creditor's name and mailing address <b>David Amheiser</b> <b>3782 Wenkel Ford</b> <b>Leslie, MO 63056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$44.00</b></u>	<u><b>\$44.00</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.12	Priority creditor's name and mailing address <b>David Paratore</b> <b>8601 Bell Mountain Dr</b> <b>Austin, TX 78730</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$36.58</b></u>	<u><b>\$36.58</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.13	Priority creditor's name and mailing address <b>DEKALB COUNTY TAX</b> <b>COMMISSIONER</b> <b>P. O. BOX 100004</b> <b>DECATUR, GA 30031-7004</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>Unknown</b></u>	<u><b>Unknown</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.14	Priority creditor's name and mailing address <b>Dennis Jewell</b> <b>14993 sw Scarlett dr</b> <b>Tigard, OR 97224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$12.96</b></u>	<u><b>\$12.96</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15	Priority creditor's name and mailing address <b>Dennis Miller</b> <b>8260 Lakeland Dr.</b> <b>Granite Bay, CA 95746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$91.20</b></u>	<u><b>\$91.20</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.16	Priority creditor's name and mailing address <b>Edward Blank</b> <b>PO Box 180446</b> <b>Boston, MA 02118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$58.02</b></u>	<u><b>\$58.02</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.17	Priority creditor's name and mailing address <b>Edward J. Lyons</b> <b>847 Dewitt Road</b> <b>Webster, NY 14580</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$22.99</b></u>	<u><b>\$22.99</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.18	Priority creditor's name and mailing address <b>Eileen Guptill</b> <b>1387 NYE ST</b> <b>CHARLESTON, SC 29407-5121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$20.40</b></u>	<u><b>\$20.40</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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2.19	Priority creditor's name and mailing address <b>Elaine Cox</b> <b>3907 - 103RD STREET CT</b> <b>GIG HARBOR, WA 98332-8814</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$22.98</b>	<b>\$22.98</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.20	Priority creditor's name and mailing address <b>Eric Macbeth</b> <b>503 E Maple St</b> <b>River Falls, WI 54022-2516</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$79.87</b>	<b>\$79.87</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.21	Priority creditor's name and mailing address <b>Fiona Lin</b> <b>75 BRIAR HILL RD</b> <b>NORWICH, CT 06360-6440</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$25.00</b>	<b>\$25.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.22	Priority creditor's name and mailing address <b>GEORGIA DEPT OF REV</b> <b>SALES AND USE TAX DIVISION</b> <b>P. O. BOX 105296</b> <b>Atlanta, GA 30348</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.23	Priority creditor's name and mailing address <b>GEORGIA DEPT OF REVENUE Taxpayer Services Division PO Box 105499 Atlanta, GA 30348</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.24	Priority creditor's name and mailing address <b>Greg Mosely 5257 Highway 280 East Pembroke, GA 31321</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$83.80</b>	<b>\$83.80</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.25	Priority creditor's name and mailing address <b>Gregory Taylor 2000 Strathallan Woods Place Innisfil, ON L9S 4T7</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$76.93</b>	<b>\$76.93</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.26	Priority creditor's name and mailing address <b>Harry Ruffino 5109 W. Lemon St. Tampa, FL 33609</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$74.52</b>	<b>\$74.52</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.27	Priority creditor's name and mailing address <b>Ilhom Islomov</b> <b>1985 E 15TH ST APT D4</b> <b>BROOKLYN, NY 11229-3343</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$23.38	\$23.38
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.28	Priority creditor's name and mailing address <b>Jack Eiseman</b> <b>466 MILL COVE DR</b> <b>Dahlonega, GA 30533</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$85.90	\$85.90
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.29	Priority creditor's name and mailing address <b>James E. O'Brien</b> <b>14 DAY ST</b> <b>BLOOMFIELD, NJ 07003-4410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$22.00	\$22.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.30	Priority creditor's name and mailing address <b>James Eifler</b> <b>2800 N Flagler D</b> <b>West Palm Beach, FL 33407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$15.46	\$15.46
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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2.31	Priority creditor's name and mailing address <b>James M Sharp</b> <b>53 ALPINE GEM LN</b> <b>TROUT CREEK, MT 59874-9410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$39.95</b>	<b>\$39.95</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.32	Priority creditor's name and mailing address <b>Jan Schwartz</b> <b>0175N 450 East</b> <b>Bluffton, IN 46714</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$36.77</b>	<b>\$36.77</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.33	Priority creditor's name and mailing address <b>JASON MARTON</b> <b>471 Copano Ridge Rd</b> <b>Rockport, TX 78382</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$20.59</b>	<b>\$20.59</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.34	Priority creditor's name and mailing address <b>Jermaine Williams</b> <b>2 Tibbits Ave</b> <b>White Plains, NY 10606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$720.00</b>	<b>\$720.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.35	Priority creditor's name and mailing address <b>Joe De leon</b> <b>1210 north Richmond Road</b> <b>Bay #5</b> <b>Wharton, TX 77488</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$13.22</b></u>	<u><b>\$13.22</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.36	Priority creditor's name and mailing address <b>john crosby</b> <b>534 white pelican</b> <b>vero beach, FL 32963</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$84.00</b></u>	<u><b>\$84.00</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.37	Priority creditor's name and mailing address <b>John Keating</b> <b>6122 36TH AVE NW</b> <b>SEATTLE, WA 98107-2626</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$46.45</b></u>	<u><b>\$46.45</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.38	Priority creditor's name and mailing address <b>John T Carter</b> <b>PO BOX 772</b> <b>Selma, AL 36702</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$13.70</b></u>	<u><b>\$13.70</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.39	Priority creditor's name and mailing address <b>JR Metzger</b> <b>3101 Concord ROAD</b> <b>Aston PA, PA 19014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$243.42</b></u>	<u><b>\$243.42</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.40	Priority creditor's name and mailing address <b>Lewis Milner</b> <b>19711 Edgecliff Drive</b> <b>Euclid, OH 44119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$44.00</b></u>	<u><b>\$44.00</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.41	Priority creditor's name and mailing address <b>Mark Allen</b> <b>3640 Pallos Verdas Dr.</b> <b>Dallas, TX 75229</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$45.60</b></u>	<u><b>\$45.60</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.42	Priority creditor's name and mailing address <b>Max Bodden</b> <b>106 Bowsprit Drive</b> <b>North Palm Beach, FL 33408</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u><b>\$45.96</b></u>	<u><b>\$45.96</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.43	Priority creditor's name and mailing address <b>Michael Fannin</b> <b>46 Gema</b> <b>San Clemente, CA 92672</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$15.60</b>	<b>\$15.60</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.44	Priority creditor's name and mailing address <b>Michel Moos</b> <b>946 NORTH AVE NE</b> <b>ATLANTA, GA 30306</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$174.68</b>	<b>\$174.68</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.45	Priority creditor's name and mailing address <b>Monty Benhaim</b> <b>10611 Garden Grove Ave</b> <b>Northridge, CA 91326</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$10.99</b>	<b>\$10.99</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.46	Priority creditor's name and mailing address <b>Naitram Gopaul</b> <b>407 Keys Ferry Rd</b> <b>McDonough, GA 30252</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$203.28</b>	<b>\$203.28</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address <b>Nick Bohacz</b> <b>27 JUNIPER DR</b> <b>RICHBORO, PA 18954-1625</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$240.36</b>	<b>\$240.36</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.48	Priority creditor's name and mailing address <b>Noah Scher</b> <b>559 Jacobs Place</b> <b>Carbondale, CO 81623</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$37.05</b>	<b>\$37.05</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.49	Priority creditor's name and mailing address <b>Peggy O'Halloran</b> <b>6598 Springpath Lane</b> <b>San Jose, CA 95120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$54.12</b>	<b>\$54.12</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.50	Priority creditor's name and mailing address <b>Rameshwar Deokaran</b> <b>555 E 90TH ST</b> <b>NEW YORK, NY 10128-7803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$672.40</b>	<b>\$672.40</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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2.51	Priority creditor's name and mailing address <b>ricky mcintyre</b> <b>310 South Lake Avenue</b> <b>Ridgeland, MS 39157</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$41.67</b>	<b>\$41.67</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.52	Priority creditor's name and mailing address <b>Robert Beaulieu</b> <b>349 Black Brook Road</b> <b>Goffstown, NH 03045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$36.74</b>	<b>\$36.74</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.53	Priority creditor's name and mailing address <b>Robin Hopper</b> <b>PO Box 670549</b> <b>Chugiak, AK 99567</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$13.11</b>	<b>\$13.11</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.54	Priority creditor's name and mailing address <b>Rolando Martinez</b> <b>4307 9th St.</b> <b>Rockford, IL 61109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$13.80</b>	<b>\$13.80</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.55	Priority creditor's name and mailing address <b>Ron Conti</b> <b>905 Harvest Lane</b> <b>Indiana, PA 15701</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$36.13</b>	<b>\$36.13</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.56	Priority creditor's name and mailing address <b>RONALD CARPENTER</b> <b>6 COLLEGE HILL RD</b> <b>CANAAN, CT 06018-2313</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$216.00</b>	<b>\$216.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.57	Priority creditor's name and mailing address <b>Ronald Finkenbinder</b> <b>215 West Lisburn Rd</b> <b>Mechanicsburg, PA 17055</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.58	Priority creditor's name and mailing address <b>Ronald Thon</b> <b>1010 May Lane</b> <b>Yankton, SD 57078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$207.92</b>	<b>\$207.92</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.59	Priority creditor's name and mailing address <b>RUSSELL LACEY</b> <b>P. O. BOX 575</b> <b>BOAZ, AL 35957</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$34.68</b>	<b>\$34.68</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.60	Priority creditor's name and mailing address <b>Santosh Iyer</b> <b>28 LEWISTON CIR</b> <b>LANCASTER, PA 17601-4822</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$27.58</b>	<b>\$27.58</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.61	Priority creditor's name and mailing address <b>Sarah Markowitz</b> <b>328 North Main St</b> <b>Minoa, NY 13116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$24.73</b>	<b>\$24.73</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.62	Priority creditor's name and mailing address <b>Scott Long</b> <b>8321 SNOWDEN OAKS PL</b> <b>LAUREL, MD 20708</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$21.62</b>	<b>\$21.62</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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2.63	Priority creditor's name and mailing address <b>scott palmi</b> <b>106 Cemetery Road</b> <b>Putney, VT 05346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$2.99</b>	<b>\$2.99</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.64	Priority creditor's name and mailing address <b>Sharon A. Colado</b> <b>628 DAVID ST</b> <b>LAKE IN THE HILLS, IL 60156-5205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$36.95</b>	<b>\$36.95</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.65	Priority creditor's name and mailing address <b>shaun kennedy</b> <b>2070 kalakaua ave</b> <b>Honolulu, HI 96815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$270.23</b>	<b>\$270.23</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.66	Priority creditor's name and mailing address <b>STEPHEN MULLADY</b> <b>1100 CUMBERLAND RD</b> <b>Chattanooga, TN 37419</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$10.79</b>	<b>\$10.79</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.67	Priority creditor's name and mailing address <b>Steven weiher</b> <b>S76W13722 MCSHANE DR</b> <b>MUSKEGO, WI 53150-3931</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$24.73</b>	<b>\$24.73</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.68	Priority creditor's name and mailing address <b>Taniel m Cameron</b> <b>9 York circle</b> <b>Bluffton, SC 29909</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$49.46</b>	<b>\$49.46</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.69	Priority creditor's name and mailing address <b>Todd McAreavey</b> <b>2605 Fieldstone Trl</b> <b>Ponca City, OK 74604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$663.00</b>	<b>\$663.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.70	Priority creditor's name and mailing address <b>Tony Celli</b> <b>28 E. Spring st</b> <b>cookeville, TN 38501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$240.00</b>	<b>\$240.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>	
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2.71	Priority creditor's name and mailing address <b>Trent Weaver</b> <b>2204 Chestnut Road</b> <b>Birmingham, AL 35216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$60.32</b>	<b>\$60.32</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.72	Priority creditor's name and mailing address <b>Tuyen Nguyen</b> <b>23 Susan Drive</b> <b>Pelham, NH 03076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$95.00</b>	<b>\$95.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.73	Priority creditor's name and mailing address <b>Tyler MacGeorge</b> <b>1031 Miller Dr.</b> <b>Altamonte Springs, FL 32701</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$588.06</b>	<b>\$588.06</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.74	Priority creditor's name and mailing address <b>vonee pawlowski</b> <b>PO Box 872</b> <b>Hiawassee, GA 30546</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$27.54</b>	<b>\$27.54</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Atlanta Light Bulbs, Inc.</b>	Case number (if known)	<b>22-52950</b>
	Name		

  

2.75	Priority creditor's name and mailing address <b>Winfred Wiencke</b> <b>2133 Newport Place NW</b> <b>Washington, DC 20037</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$56.49</b>	<b>\$56.49</b>
		Basis for the claim:		
Date or dates debt was incurred				
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address <b>ABB Installation Products Inc.</b> <b>PO Box 28073</b> <b>Chicago, IL 60673</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,769.14</b>
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3.2	Nonpriority creditor's name and mailing address <b>ABB Installation Products Inc.</b> <b>1811 Hymus Blvd</b> <b>Dorval, QC H9P1JK5</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,185.14</b>
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3.3	Nonpriority creditor's name and mailing address <b>ABRAMS GROUP CONSTRUCTION</b> <b>3645 Hwy 90</b> <b>Milton, FL 32571</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,208.00</b>
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3.4	Nonpriority creditor's name and mailing address <b>AC ELECTRONICS</b> <b>3401 AVENUE D</b> <b>ARLINGTON, TX 76011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$948.87</b>
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3.5	Nonpriority creditor's name and mailing address <b>ACCO BRANDS - ONTARIO</b> <b>PO BOX 842166</b> <b>BOSTON, MA 02284</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8.37</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>ACE CASH EXPRESS</b> <b>3804 Gunn Hwy</b> <b>Suite B</b> <b>Tampa, FL 33618</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$138.04</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Acuity Brands Lighting</b> <b>PO Box 100863</b> <b>Atlanta, GA 30384</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99,987.50</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>ADT Commercial</b> <b>PO Box 382109</b> <b>Pittsburgh, PA 15251-8109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$135.69</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>AFLAC</b> <b>ATTN: REMITTANCE PROCESSI</b> <b>1932 WYNNTON ROAD</b> <b>COLUMBUS, GA 31999-0797</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,082.99</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>ALL METRO SUPPLY (#656.00)</b> <b>3755 HEWATT COURT</b> <b>SNELLVILLE, GA 30039</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,259.75</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>ALLGOOD PLUMBING &amp; ELECTRIC</b> <b>5238 Royalwoods Parkway</b> <b>Suite 190</b> <b>Tucker, GA 30084</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$525.19</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>ALLIANCE SPORTS GROUP (NEBO)</b> <b>DBA NEBO TOOLS</b> <b>P O BOX 203246</b> <b>DALLAS, TX 75320-3246</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,353.36</b>

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>AMAX LIGHTING 65600</b> <b>10268 SANTA FE SPRINGS RD</b> <b>SANTA FE SPGS, CA 90670</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,656.20</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN EXPRESS</b> <b>PO BOX 650448</b> <b>DALLAS, TX 75265-0448</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$219,918.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN LIGHTING SUPPLY</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>P.O. BOX 1761</b> <b>LILBURN, GA 30047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.64</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN TACK AND HARDWARE</b> <b>P. O. BOX 85077 (65600)</b> <b>CHICAGO, IL 60680-0851</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$558.96</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>American Ultraviolet</b> <b>212 S. Mt. Zion Road</b> <b>Lebanon, IN 46052</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,710.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICASMART</b> <b>475 S. Grand Central Parkway</b> <b>Suite 1615</b> <b>Las Vegas, NV 89106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,290.58</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>ANDRUS ELECTRICAL SOLUTIONS</b> <b>10750 PLANTATION DRIVE</b> <b>JOHNS CREEK, GA 30022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51.83</b>



Debtor	<b>Atlanta Light Bulbs, Inc.</b> Name	Case number (if known)	<b>22-52950</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>ANTHONY</b> <b>2388 COLLECTIONS CENTER DR</b> <b>ACCT # 102260</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,968.39</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>ASTORIA FOOT CARE GROUP</b> <b>31-17 DITMARS BLVD SUITE 1</b> <b>ASTORIA, NY 11105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$154.80</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T *1882 (79020)</b> <b>PO BOX 105262</b> <b>ATLANTA, GA 30348-5262</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$868.46</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T CAROL STREAM *835</b> <b>P O BOX 5019</b> <b>CAROL STREAM, IL 60197-5019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,035.34</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>ATG ELECTRONICS</b> <b>10700 7TH STREET</b> <b>RCH CUCAMONGA, CA 91730</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$753.41</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>ATLANTA BOTANICAL GARDENS</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>1345 PIEDMONT AVE NE</b> <b>ATLANTA, GA 30309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$278.64</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>ATLANTA RONALD MCDONALD HOUSE</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>795 GATEWOOD ROAD</b> <b>ATLANTA, GA 30329</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$66.74</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>ATLAS LIGHTING PROD (#65600)</b> <b>P. O. BOX 740471</b> <b>ATLANTA, GA 30374-0471</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,929.00</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>ATR LIGHTING</b> <b>PO BOX 67</b> <b>RICHLAND, MO 65556</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,340.42</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>AXIS LED GROUP, LLC</b> <b>L-3790</b> <b>COLUMBUS, OH 43260-3790</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,512.40</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>B B Storage LLC</b> <b>1811 W Jackson St</b> <b>Knoxville, IA 50138-1020</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32.94</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>B&amp;H ELECTRIC AND SUPPLY</b> <b>1330 HWY 41 BYPASS</b> <b>GRIFFIN, GA 30224</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12.96</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Barron Lighting Group (EXITRONIX)</b> <b>PO BOX 8271</b> <b>PASADENA, CA 91109-8271</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,900.00</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Barton's Home Upgrading</b> <b>121 Penny Lane</b> <b>MCDONOUGH, GA 30253</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190.46</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>BATAVIA PUBLIC SCHOOLS</b> <b>804 MAIN STREET</b> <b>BATAVIA, IL 60510</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$477.00</b>
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>BECKER ADVENTIST SCHOOL</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>3567 COVINGTON HIGHWAY</b> <b>DECATUR, GA 30032</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$174.96</b>
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Benz Research and Development</b> <b>6447 Parkland Drive</b> <b>Sarasota, FL 34243</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$566.40</b>
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>BLC America (formerly Green Energy Light</b> <b>16310 ARTHUR ST.</b> <b>CERRITOS, CA 90703</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$474.38</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>BLUEGRASS IRRIGATION &amp; LIGHTING INC</b> <b>4855 Hills and Dales Rd NW</b> <b>CANTON, OH 44708</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.00</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Boise Diamond Tables</b> <b>3949 Adams Street</b> <b>Garden City, ID 83714</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$618.64</b>
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Bomar Pneumatics</b> <b>5785 West 74th Street</b> <b>Indianapolis, IN 46278</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> Name	Case number (if known)	<b>22-52950</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>BOSTON UNIVERSITY</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>25 BUICK STREET</b> <b>BOSTON, MA 02215</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$74.97</b>
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>BREIT INDUSTRIAL HOLDINGS LLC</b> <b>(STREAM RE</b> <b>P.O. BOX 1232</b> <b>Hicksville, NY 11802-1232</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69.02</b>
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>BREIT Stone Mountain Owner LLC</b> <b>PO Box 208046</b> <b>Dallas, TX 75320-8046</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,273.22</b>
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>BRIARLAKE BAPTIST CHURCH</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>3715 LAVISTA RD</b> <b>DECATUR, GA 30033</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$255.95</b>
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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>BUFORD HWY. FARMERS MKT</b> <b>ATTN. ACCOUNTS PAYABLE</b> <b>P. O. BOX 620533</b> <b>ATLANTA, GA 30362</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$183.06</b>
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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>BULBRITE INDUSTRIES</b> <b>P. O. BOX 419890</b> <b>BOSTON, MA 02241-9890</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,477.89</b>
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>BULBTRONICS (#65600)</b> <b>45 BANFI PLAZA N.</b> <b>FARMINGDALE, NY 11735</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$532.00</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>C.N.ROBINSON LIGHTING SUPPLY</b> <b>ATTN. ACCOUNTS PAYABLE</b> <b>4318 WASHINGTON BLVD.</b> <b>BALTIMORE, MD 21227</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.41</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>CADMET, INC.</b> <b>P.O. BOX 24</b> <b>MALVERN, PA 19355</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,810.08</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>CANDELA CORPORATION</b> <b>FILE #1033</b> <b>1801 WEST OLYMPIC BLVD</b> <b>PASADENA, CA 91199-1033</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,207.74</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>CAPITAL CITY ELECTRICAL SRV</b> <b>1346 Oakbrook Dr</b> <b>Suite 170A</b> <b>Norcross, GA 30093</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48.55</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>CAPITAL ELECTRIC COMPANY</b> <b>PO BOX 945650</b> <b>Maitland, FL 32794</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48.96</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Capital One Spark</b> <b>PO Box 71083</b> <b>Charlotte, NC 28272-1083</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,658.18</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>CAPP, INC.</b> <b>PO Box 127</b> <b>Clifton Heights, PA 19018-0127</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47.00</b>

Debtor	<b>Atlanta Light Bulbs, Inc.</b> Name	Case number (if known)	<b>22-52950</b>
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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>CBC LIGHTING</b> <b>3025 A BATES RD</b> <b>MONTREAL, QC H3S 2W8</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,706.91</b>
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3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Chase Card Services</b> <b>P. O. BOX 1423</b> <b>Charlotte, NC 28201-1423</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108,959.47</b>
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3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Chinook Engineering</b> <b>860 S Windrose Drive</b> <b>Coupeville, WA 98239</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$94.10</b>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <b>CHRIST OUR HOPE</b> <b>CATHOLIC CHURCH</b> <b>1786 WELLBORN ROAD</b> <b>LITHONIA, GA 30058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$194.19</b>
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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Chubb</b> <b>PO Box 382001</b> <b>Pittsburgh, PA 15250-8001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,112.24</b>
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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>CINTAS CORPORATION -MASTER</b> <b>6800 CINTAS BLVD CINCINNATI</b> <b>CINCINNATI, OH 45262</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3.28</b>
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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>CITY ELECTRIC SUPPLY(C.E.S.)</b> <b>PO Box 131811</b> <b>Charleston Division</b> <b>Dallas, TX 75313</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,929.90</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>CITY LIGHTS (65600)</b> <b>PO BOX 6586</b> <b>PHOENIX, AZ 85005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,087.61</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>City of Dekalb Streets Dept.</b> <b>1316 Market St</b> <b>Dekalb, IL 60115-3533</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59.90</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>City of West Palm Beach</b> <b>1045 charlotte ave</b> <b>west palm beach, FL 33401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.94</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Cityplex</b> <b>7777 South Lewis Avenue</b> <b>Tulsa, OK 74171</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13.44</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>COMCAST</b> <b>P O BOX 530098</b> <b>ATLANTA, GA 30353-0098</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$773.31</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast (VOIP)</b> <b>PO Box 37601</b> <b>Philadelphia, PA 19101-0601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$912.90</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>CommerceHub</b> <b>25736 Network Place</b> <b>Chicago, IL 60673-1257</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$351.00</b>



Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>COMMERCIAL AND CUSTOM CABINET</b> <b>2111 KILMAN DRIVE</b> <b>TUCKER, GA 30084</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$78.08</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>COMMERCIAL LIGHTING COMPANY</b> <b>8201 NORTH HIMES AVE</b> <b>TAMPA, FL 33614</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$373.79</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Connie Liles Auto Parts</b> <b>1127 W.Orange Ave</b> <b>Tallahassee, FL 32310</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.00</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Cooper Lighting (Eaton)</b> <b>28362 Network Place</b> <b>Chicago, IL 60673-1283</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$885.26</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>CORPUS CHRISTI CATHOLIC CHURCH</b> <b>ATTN: SALLY YADAV</b> <b>600 MOUNTAIN VIEW DRIVE</b> <b>STONE MOUNTAIN, GA 30083</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15.12</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Credence Resource Mgt</b> <b>4222 Trinity Mills</b> <b>Suite 260</b> <b>Dallas, TX 75287</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Agent for ATT</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Creditsafe USA Inc</b> <b>PO BOX 789985</b> <b>PHILADELPHIA, PA 19178-9985</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$703.64</b>



Debtor	<b>Atlanta Light Bulbs, Inc.</b> Name	Case number (if known)	<b>22-52950</b>
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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>CREE LIGHTING</b> <b>75 REMITTANCE DRIVE</b> <b>SUITE 6403</b> <b>CHICAGO, IL 60675-6403</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,470.90</b>
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3.77	<b>Nonpriority creditor's name and mailing address</b> <b>CST Co</b> <b>PO Box 33127</b> <b>Louisville, KY 40232</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Agent for Lutron Electronics</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Current Electric</b> <b>305 Wells St</b> <b>Greenfield, MA 01301</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57.25</b>
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3.79	<b>Nonpriority creditor's name and mailing address</b> <b>DE ANDRADE MANGIERI LLC</b> <b>ATTN JEFFERY M MANGIEI ESQ</b> <b>2 RAVINIA DR STE 1530</b> <b>ATLANTA, 30346 30346-0000</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$502.53</b>
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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>DECATUR DIGGS</b> <b>141 GRAPE ST NE</b> <b>ATLANTA, GA 30312</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$236.52</b>
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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>DECATUR PRESBYTERIAN CHURCH</b> <b>ATTN ACCTS PAYABLE</b> <b>205 SYCAMORE ST</b> <b>DECATUR, GA 30030</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$167.28</b>
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3.82	<b>Nonpriority creditor's name and mailing address</b> <b>DEKALB COUNTY (SAN)</b> <b>P. O. BOX 105942</b> <b>DECATUR, GA 30348-5942</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$276.49</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.83	<b>Nonpriority creditor's name and mailing address</b> <b>DEKALB COUNTY (WTR)</b> <b>P. O. BOX 71224</b> <b>Charlotte, NC 28272-1224</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$298.07</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Di-Coat Corporation</b> <b>42900 W. 9 Mile Rd.</b> <b>Novi, MI 48375</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6.01</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>DIAMOND RESTAURANT SERVICE, INC</b> <b>849 EDMONDSON RD</b> <b>MONROE, GA 30656</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$367.20</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>District850</b> <b>2662 Fleischmann Road</b> <b>Tallahassee, FL 32308</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$222.92</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>DIVERSE MARKETING</b> <b>2050 N. Stemmons Frwy.</b> <b>Suite 439 &amp; 421</b> <b>Dallas, TX 75207</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$794.53</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>DIVINE MORTUARY SERVICES</b> <b>5620 HILLANDALE DR</b> <b>LITHONIA, GA 30058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71.50</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Drew Bowen Electric</b> <b>5231 Copelan Rd</b> <b>Watkinsville, GA 30677</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,466.25</b>

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>ECKARDT ELECTRIC</b> <b>ATTN. ACCOUNTS PAYABLE</b> <b>3690 NORTH PEACHTREE ROAD</b> <b>ATLANTA, GA 30341</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$832.33</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>EDWIN GAYNOR CORPORATION</b> <b>200 CHARLES STREET</b> <b>STRATFORD, CT 06615</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,978.52</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>EIKO LTD.</b> <b>8596 SOLUTION CENTER</b> <b>CHICAGO, IL 60677-8005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$148,345.44</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>ELECTRIC SUPPLY &amp; EQUIPMENT</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>P.O. BOX 20308</b> <b>GREENSBORO, NC 27420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5.00</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Elite Aviation c/o Donna Tipton</b> <b>18600 EDISON AVE</b> <b>CHESTERFIELD, MO 63005-3644</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19.34</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>ELONG INTERNATIONAL USA.</b> <b>1200 W. CROSBY ROAD</b> <b>CARROLLTON, TX 75006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,940.74</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>EMORY UNIVERSITY/PHARMACOLOGY</b> <b>PO Box 3807</b> <b>Scranton, PA 18505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$175.36</b>

Debtor	<b>Atlanta Light Bulbs, Inc.</b> Name	Case number (if known)	<b>22-52950</b>
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>ENCAPSULITE INTERNAT. (#65600)</b> <b>P. O. BOX 1086</b> <b>ROSENBERG, TX 77471</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,042.96</b>
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3.98	<b>Nonpriority creditor's name and mailing address</b> <b>ENERGETIC LIGHTING, INC</b> <b>13445 12TH STREET</b> <b>CHINO, CA 91710</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,449.39</b>
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3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Entertainment Technology Inc</b> <b>155 Atlanta Hwy</b> <b>Loganville, GA 30052</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$299.60</b>
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3.100	<b>Nonpriority creditor's name and mailing address</b> <b>ESL Vision, LLC</b> <b>1136 South 3600 West</b> <b>Suite 400</b> <b>Salt Lake City, UT 84104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,769.60</b>
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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>EYE LIGHTING</b> <b>9150 Hendricks Road</b> <b>Mentor, OH 44060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,557.35</b>
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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Fairfield Inn and Suites</b> <b>1355 Mall of Georgia Blvd.</b> <b>Buford, GA 30519</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$485.99</b>
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3.103	<b>Nonpriority creditor's name and mailing address</b> <b>FANLIGHT CORPORATION</b> <b>2000 S. GROVE AVE, BLDG B</b> <b>ONTARIO, CA 91761</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,802.26</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.104	<b>Nonpriority creditor's name and mailing address</b> <b>FEDERAL EXPRESS</b> <b>P.O. BOX 660481</b> <b>DALLAS, TX 75266-0481</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56,650.24</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>FEDEX FREIGHT EAST</b> <b>DEPT CH</b> <b>PO BOX 10306</b> <b>PALATINE, IL 60055-0306</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,970.26</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>FEDEX Revenue Recovery Dept</b> <b>P Box 371461</b> <b>Pittsburgh, PA 15250</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>FEELUX</b> <b>3000 NORTHWOODS PKWY</b> <b>SUITE 165</b> <b>NORCROSS, GA 30071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,656.67</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>FIRST SOUTHERN MANAGEMENT LLC</b> <b>1842 INDEPENDENCE SQUARE STE C</b> <b>ATLANTA, GA 30338</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$115.59</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Flo-control</b> <b>80 Center Rd SE</b> <b>Cartersville, GA 30121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$88.50</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>FLORIDA DEPARTMENT OF CORRECTIONS</b> <b>P.O. BOX 13600</b> <b>TALLAHASSEE, FL 32317</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$990.00</b>

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3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Ford Credit</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$63,824.53</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>FULHAM COMPANY</b> <b>P.O. BOX 845686</b> <b>Los Angeles, CA 90084-5686</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,379.61</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>Fusco's The Spot</b> <b>4432 E Bristol Rd</b> <b>Feasterville Trevose, PA 19053</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$585.00</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>FUSECO INC (75600)</b> <b>1865 Corporate Dr., Ste 210</b> <b>Norcross, GA 30093</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$690.16</b>
3.115	<b>Nonpriority creditor's name and mailing address</b> <b>GA CENTRAL ELECTRICAL</b> <b>100 Commerce Drive</b> <b>P.O. Box 723</b> <b>Tyrone, GA 30290</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,282.80</b>
3.116	<b>Nonpriority creditor's name and mailing address</b> <b>Gatewood Schools</b> <b>139 Phillips Dr.</b> <b>Eatonton, GA 31024</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$233.28</b>
3.117	<b>Nonpriority creditor's name and mailing address</b> <b>GEORGIA DUPLICATING PRODUCTS, INC.</b> <b>(Xero)</b> <b>P O BOX 3547</b> <b>MACON, GA 31205</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,251.30</b>

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3.118	<b>Nonpriority creditor's name and mailing address</b> <b>GEORGIA POWER COMPANY (#79530)</b> <b>96 ANNEX</b> <b>ATLANTA, GA 30396-0001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,696.01</b>
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>GLOBAL INDUSTRIAL COMPANY</b> <b>29833 Network Place</b> <b>Chicago, IL 60673-1298</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$617.47</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>GREATER ATLANTA CHRISTIAN SCHOOL</b> <b>1575 INDIAN TRAIL RD</b> <b>NORCROSS, GA 30093</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$221.68</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>GREEK ORTHODOX CATHEDRAL</b> <b>2500 CLAIRMONT ROAD</b> <b>ATTN: Victor Rodi</b> <b>ATLANTA, GA 30329</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.88</b>
3.122	<b>Nonpriority creditor's name and mailing address</b> <b>GREEN CREATIVE</b> <b>PO Box 930495</b> <b>Atlanta, GA 31193-0495</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,379.90</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>GREEN GLOW DOCK LIGHT</b> <b>4604 49th St. North</b> <b>Suite 122</b> <b>Saint Petersburg, FL 33709</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24.98</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>HALCO LIGHTING Technologies LLC</b> <b>PO BOX 936822</b> <b>ATLANTA, GA 31193-6822</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$299,477.03</b>



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3.125	<b>Nonpriority creditor's name and mailing address</b> <b>HATCH TRANSFORMERS</b> <b>7821 WOODLANDS CENTER BLVD</b> <b>TAMPA, FL 33614</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,604.72</b>
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3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Hep Group USA</b> <b>12245 Florence Avenue</b> <b>Santa Fe Springs, CA 90670</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,171.78</b>
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3.127	<b>Nonpriority creditor's name and mailing address</b> <b>HLI Solutions Inc.</b> <b>Hubbell</b> <b>701 Millennium Blvd</b> <b>Geeenville, SC 29607</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128	<b>Nonpriority creditor's name and mailing address</b> <b>HOLIDAY DIVISION (#65600)</b> <b>ACTION LIGHTING</b> <b>310 ICE POND DR</b> <b>BOZEMAN, MT 59715</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,909.46</b>
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3.129	<b>Nonpriority creditor's name and mailing address</b> <b>HOLIDAY INN EXPRESS - CADILLAC</b> <b>7642 SOUTH US. 131</b> <b>CADILLAC, MI 49601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$78.00</b>
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3.130	<b>Nonpriority creditor's name and mailing address</b> <b>HONYA Lighting</b> <b>Garden City NY 11530 United States</b> <b>Garden City, NY 11530</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,023.00</b>
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3.131	<b>Nonpriority creditor's name and mailing address</b> <b>HORMEL FOODS CORP</b> <b>P O BOX 900</b> <b>AUSTIN, MN 55912</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3.28</b>
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3.132	<b>Nonpriority creditor's name and mailing address</b> <b>HOWARD INDUSTRIES</b> <b>P. O. BOX 11407</b> <b>BIRMINGHAM, AL 35246-1132</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,990.35</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>HUBBELL LIGHTING, INC.</b> <b>DEPT CH 14175</b> <b>PALATINE, IL 60055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,229.30</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Ignite Industrial Consignment</b> <b>Attn: Jeff Heilman</b> <b>568 George Bishop Pkwy</b> <b>Myrtle Beach, SC 29579</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,366.77</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>Imaging Center</b> <b>22647 Ventura Blvd.</b> <b>Ste. 661</b> <b>Woodland Hills, CA 91364</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$939.79</b>
3.136	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL PKG CORP (75601)</b> <b>PO BOX 740438</b> <b>ATLANTA, GA 30374-0438</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,484.11</b>
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>INFINITE ENERGY CENTER</b> <b>ATT: Jan Mitchell</b> <b>6400 SUGARLOAF PARKWAY</b> <b>DULUTH, GA 30097</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56.18</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>INTERLIGHT</b> <b>7939 NEW JERSEY AVENUE</b> <b>HAMMOND, IN 46323-3040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37.78</b>

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3.139	<b>Nonpriority creditor's name and mailing address</b> <b>INTERMATIC</b> <b>P.O.BOX 71596</b> <b>CHICAGO, IL 60694</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,607.22</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>INTERSTATE ALL BATTERIES WH</b> <b>PO BOX 1909</b> <b>SUWANEE, GA 30024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,445.69</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>IRON MOUNTAIN</b> <b>P O BOX 915004</b> <b>DALLAS, TX 75391-5004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,153.18</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>ITV ASSOCIATES, INC.</b> <b>1845 SOUTH LEE COURT</b> <b>BUFORD, GA 30518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$526.89</b>
3.143	<b>Nonpriority creditor's name and mailing address</b> <b>J.D. INTERNATIONAL</b> <b>P. O. BOX 668755</b> <b>POMPANO BEACH, FL 33066</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,892.22</b>
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>Jackpot Junction Casino Hotel</b> <b>PO Box 420</b> <b>Morton, MN 56270</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87.16</b>
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>Jennifer W Gordona DDS LLC</b> <b>105 East Ohio avenue</b> <b>Mount Vernon, OH 43050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42.45</b>

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3.146	<b>Nonpriority creditor's name and mailing address</b> <b>Jiawei Technology (USA) Limited</b> <b>29470 Union City Blvd.</b> <b>Union City, CA 94587</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,836.51</b>
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3.147	<b>Nonpriority creditor's name and mailing address</b> <b>JL Lighting</b> <b>4505 Peachtree Industrial Blvd</b> <b>STE D</b> <b>Berkeley Lake, GA 30092</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59,712.30</b>
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3.148	<b>Nonpriority creditor's name and mailing address</b> <b>John Jimenez DDS</b> <b>4831 SOQUEL DR</b> <b>SOQUEL, CA 95073-2428</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,580.00</b>
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3.149	<b>Nonpriority creditor's name and mailing address</b> <b>KC ELECTRONIC DISTRIBUTORS</b> <b>186 NORTH BELLE MEAD ROAD</b> <b>East Setauket, NY 11733</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,280.00</b>
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3.150	<b>Nonpriority creditor's name and mailing address</b> <b>KENDALL ELECTRIC, INC (ALL 42)</b> <b>5101 S. SPRINKLE ROAD</b> <b>PORTAGE, MI 49002-2049</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.50</b>
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3.151	<b>Nonpriority creditor's name and mailing address</b> <b>KEYSTONE TECHNOLOGIES</b> <b>PO BOX 69159</b> <b>Baltimore, MD 21264-9159</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$289,298.70</b>
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3.152	<b>Nonpriority creditor's name and mailing address</b> <b>LADE ELECTRICAL SUPPLY(#65600)</b> <b>US ELECTRICAL SERVICES, INC, ATTN:</b> <b>LBS</b> <b>PO BOX 101569</b> <b>ATLANTA, GA 30392-1569</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,075.49</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.153	<b>Nonpriority creditor's name and mailing address</b> <b>LEDVANCE LLC *429484*</b> <b>PO BOX 5163</b> <b>Carol Stream, IL 60197-5163</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,046.13</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>LIGHT EFFICIENT DESIGN</b> <b>188 NORTHWEST HWY</b> <b>SUITE 301</b> <b>CARY, IL 60013</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,553.75</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>LIGHTING ASSOCIATES</b> <b>3600 SWIFTWATER PARK DRIVE</b> <b>SUWANEE, GA 30024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,130.00</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Lighting Supply (formerly LIGHT BULB DIS</b> <b>L-4058</b> <b>Columbus, OH 43260-4058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,378.91</b>
3.157	<b>Nonpriority creditor's name and mailing address</b> <b>LITETRONICS (#65600)</b> <b>6969 West 73rd Street</b> <b>BEDFORD PARK, IL 60638</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,280.00</b>
3.158	<b>Nonpriority creditor's name and mailing address</b> <b>LOWE ELECTRIC SUPPLY COMPANY</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>P O BOX 4767</b> <b>MACON, GA 31208</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$166.00</b>
3.159	<b>Nonpriority creditor's name and mailing address</b> <b>LUMIRAM (#65600)</b> <b>707 Executive Blvd. 1A</b> <b>Valley Cottage, NY 10989</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,786.29</b>

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.160	<b>Nonpriority creditor's name and mailing address</b> <b>LUTRON ELECTRONICS (NO DROPSHIP)</b> <b>P O BOX 643782</b> <b>PITTSBURGH, PA 15264-3782</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,207.92</b>
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3.161	<b>Nonpriority creditor's name and mailing address</b> <b>MAINTENANCE SUPPLY</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>6910 Brasada Dr.</b> <b>Houston, TX 77085</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$226.30</b>
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3.162	<b>Nonpriority creditor's name and mailing address</b> <b>MAJOR SUPPLY INTERNATIONAL</b> <b>5400 NW 35TH Terrace</b> <b>SUITE 104</b> <b>Ft. Lauderdale, FL 33309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98,216.30</b>
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3.163	<b>Nonpriority creditor's name and mailing address</b> <b>MARKET GROUP VENTURES (#65600)</b> <b>P. O. BOX 40</b> <b>SHAWNIGAN LAKE, BC VOR 2WO</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,393.34</b>
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3.164	<b>Nonpriority creditor's name and mailing address</b> <b>MARTIN SPROCKET &amp; GEAR, INC.</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>P.O. BOX 886</b> <b>SCOTSDALE, GA 30079</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,644.00</b>
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3.165	<b>Nonpriority creditor's name and mailing address</b> <b>Maxair Mechanical LLC</b> <b>3435 Breckinridge Blvd</b> <b>Ste 120</b> <b>Duluth, GA 30096</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$220.00</b>
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3.166	<b>Nonpriority creditor's name and mailing address</b> <b>MAXLITE/SK AMERICA</b> <b>PO BOX 844825</b> <b>BOSTON, MA 02284-4825</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,368.75</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.167	<b>Nonpriority creditor's name and mailing address</b> <b>McGahren Law Firm, LLC</b> <b>6171 Crooked Creek Road</b> <b>Peachtree Corners, GA 30092</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.168	<b>Nonpriority creditor's name and mailing address</b> <b>McNeely Electric, Inc.</b> <b>8201 Alcorn Circle</b> <b>Austin, TX 78748</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$159.00</b>
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3.169	<b>Nonpriority creditor's name and mailing address</b> <b>MedCura Medical Center</b> <b>5582 Memorial Dr.</b> <b>Lithonia, GA 30032</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$161.73</b>
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3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Merchant Services</b> <b>PO Box 6010</b> <b>Hagerstown, MD 21741</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.171	<b>Nonpriority creditor's name and mailing address</b> <b>METROPOWER INC</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>PO BOX 5228</b> <b>ALBANY, GA 31706</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,067.97</b>
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3.172	<b>Nonpriority creditor's name and mailing address</b> <b>MICROLAMP</b> <b>2954 N. W. 60TH STREET</b> <b>FT LAUDERDALE, FL 33309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,904.60</b>
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3.173	<b>Nonpriority creditor's name and mailing address</b> <b>MILLER OEM SUPPLIES (#65600)</b> <b>3612 N. 16TH STREET</b> <b>PHOENIX, AZ 85016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,479.50</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.174	<b>Nonpriority creditor's name and mailing address</b> <b>MILWAUKEE LIGHT BULB</b> <b>P. O. BOX 125</b> <b>OAK CREEK, WI 53154</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,697.52</b>
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>Modern Forms</b> <b>23550 Network Place</b> <b>Chicago, IL 60673-1235</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,444.80</b>
3.176	<b>Nonpriority creditor's name and mailing address</b> <b>MORRIS PRODUCTS INC</b> <b>53 CAREY ROAD</b> <b>QUEENSBURY, NY 12804</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,538.45</b>
3.177	<b>Nonpriority creditor's name and mailing address</b> <b>MULTI LITE USA (#65600)</b> <b>172 W. Providencia, Unit 101</b> <b>Burbank, CA 91502</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,579.46</b>
3.178	<b>Nonpriority creditor's name and mailing address</b> <b>Murphy Lomon &amp; Associates</b> <b>2860 River Rd, Ste 2000</b> <b>Des Plaines, IL 60018</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Agent for Intermatic</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.179	<b>Nonpriority creditor's name and mailing address</b> <b>NBT Bank</b> <b>120 North Keyser Ave</b> <b>Scranton, PA 18504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.80</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>NICOR, INC</b> <b>2200 MIDTOWN PL NE</b> <b>STE A</b> <b>ALBUQUERQUE, NM 87107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,424.51</b>



Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.181	<b>Nonpriority creditor's name and mailing address</b> <b>NORCROSS ELECTRIC SUPPLY</b> <b>4190 Capital View Dr</b> <b>Suwanee, GA 30024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$165,772.38</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>NORMAN LAMPS</b> <b>P. O. BOX 3550</b> <b>ST CHARLES, IL 60174</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,331.30</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>NORTH DECATUR PRESBYTERIAN CHURCH</b> <b>611 MEDLOCK RD</b> <b>DECATUR, GA 30033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83.07</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHROP GRUMMAN</b> <b>1201 CONTINENTAL BLVD</b> <b>CHARLOTTE, NC 28273</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$376.80</b>
3.185	<b>Nonpriority creditor's name and mailing address</b> <b>Northwest Exterminating</b> <b>830 Kennesaw Ave</b> <b>Marietta, GA 30060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$291.00</b>
3.186	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHWEST MUTUAL FINANCIAL NETWORK</b> <b>ATTN: AUBREY VAUGH</b> <b>3438 PEACHTREE RD SUITE 1200</b> <b>ATLANTA, GA 30326</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,163.83</b>
3.187	<b>Nonpriority creditor's name and mailing address</b> <b>NSI Industries</b> <b>9730 Northcross Center Ct</b> <b>Huntersville, NC 28078</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,037.75</b>



Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.188	<b>Nonpriority creditor's name and mailing address</b> <b>NULIGHT CONSULTING</b> <b>PO Box 3406</b> <b>Loganville, GA 30052</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$793.80</b>
3.189	<b>Nonpriority creditor's name and mailing address</b> <b>Ocean Glass Inn</b> <b>37299 Rehoboth Avenue</b> <b>Rehoboth Beach, DE 19971</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48.51</b>
3.190	<b>Nonpriority creditor's name and mailing address</b> <b>OFFICE DEPOT</b> <b>PO BOX 88040</b> <b>CHICAGO, IL 60680-1040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$474.97</b>
3.191	<b>Nonpriority creditor's name and mailing address</b> <b>Old World Industries, LLC</b> <b>P.O. BOX 204549</b> <b>DALLAS, TX 75320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,555.68</b>
3.192	<b>Nonpriority creditor's name and mailing address</b> <b>ON HOLD MEDIA GROUP</b> <b>3001 DALLAS PARKWAY</b> <b>SUITE 220</b> <b>FRISCO, TX 75034</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,683.00</b>
3.193	<b>Nonpriority creditor's name and mailing address</b> <b>Oracle America, Inc.</b> <b>Bank of America Lockbox Services</b> <b>15612 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,098.67</b>
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>Orbit Industries, Inc.</b> <b>2100 South Figueroa Street</b> <b>Acct# 2409</b> <b>Los Angeles, CA 90007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,342.28</b>

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.195	<b>Nonpriority creditor's name and mailing address</b> <b>Orchid Cove at Palm Harbor</b> <b>2600 Highlands Blvd N</b> <b>Palm Harbor, FL 34684</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$152.80</b>
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>OSRAM SYLVANIA INC</b> <b>P O BOX 2114</b> <b>ACCT# 428412</b> <b>CAROL STREAM, IL 60132-2114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75,719.37</b>
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>OTTLITE TECHNOLOGIES</b> <b>1715 N. WESTSHORE BLVD</b> <b>TAMPA, FL 33607</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.17</b>
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>Oxem, LLC</b> <b>2413 Eastwood Village Dr.</b> <b>Stockbridge, GA 30281</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,520.74</b>
3.199	<b>Nonpriority creditor's name and mailing address</b> <b>PHILIPS (FIXTURES) Luminaires (Sesco)</b> <b>P.O. Box 100194</b> <b>Atlanta, GA 30384</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,924.25</b>
3.200	<b>Nonpriority creditor's name and mailing address</b> <b>Philips (LAMPS) Lighting</b> <b>P.O. Box 100194</b> <b>Atlanta, GA 30384</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,866.58</b>
3.201	<b>Nonpriority creditor's name and mailing address</b> <b>PHILIPS EMERGENCY LIGHTING (#A000881)</b> <b>P.O. BOX 100282</b> <b>ATLANTA, GA 30384-0282</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$182.75</b>

Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.202	<b>Nonpriority creditor's name and mailing address</b> <b>Philips Lighting Electronics (ADVANCE)</b> <b>P.O. Box 100194</b> <b>ATLANTA, GA 30384</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,915.50</b>
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3.203	<b>Nonpriority creditor's name and mailing address</b> <b>Photometric Design</b> <b>1066 CHARTLEY DR SW</b> <b>LILBURN, GA 30047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
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3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes</b> <b>2225 American Drive</b> <b>Neenah, WI 54956</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205	<b>Nonpriority creditor's name and mailing address</b> <b>PITNEY BOWES GLOBAL</b> <b>PO BOX 371887</b> <b>PITTSBURGH, PA 15250-7887</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$296.88</b>
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3.206	<b>Nonpriority creditor's name and mailing address</b> <b>POINTS ELECTRICAL</b> <b>5500 Oakbrook Pkwy ste 210</b> <b>NORCROSS, GA 30093</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$159.21</b>
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3.207	<b>Nonpriority creditor's name and mailing address</b> <b>POWERSELECT INC</b> <b>15602 COMMERCE LANE</b> <b>HUNTINGTON BEACH, CA 92649</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$589.68</b>
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3.208	<b>Nonpriority creditor's name and mailing address</b> <b>PPG AEROSPACE</b> <b>6022 Corporate Way</b> <b>Indianapolis, IN 46278</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$611.00</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> Name	Case number (if known)	<b>22-52950</b>
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3.209	<b>Nonpriority creditor's name and mailing address</b> <b>PQL (#656.00)</b> <b>2285 WARD AVENUE</b> <b>SIMI VALLEY, CA 93065</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,197.00</b>
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3.210	<b>Nonpriority creditor's name and mailing address</b> <b>PRINCIPAL HANDY SOLUTIONS</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$214.96</b>
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3.211	<b>Nonpriority creditor's name and mailing address</b> <b>Pro Source Industrial, LLC</b> <b>DBA. Mechanical Services</b> <b>3806 Calhoun Ave</b> <b>Chattanooga, TN 37407</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$174.00</b>
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3.212	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Industries, Inc.</b> <b>1595 Ocean Ave</b> <b>Unit B1</b> <b>Bohemia, NY 11716</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.213	<b>Nonpriority creditor's name and mailing address</b> <b>Quest Diagnostics.com</b> <b>1 Malcolm Ave.</b> <b>Teterboro, NJ 07074</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$982.84</b>
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3.214	<b>Nonpriority creditor's name and mailing address</b> <b>QuikTrip Fleetmaster (QT)</b> <b>PO Box 4337</b> <b>Carol Stream, IL 60197-4337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,601.69</b>
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3.215	<b>Nonpriority creditor's name and mailing address</b> <b>R&amp;L Carriers</b> <b>PO Box 10020</b> <b>Port William, OH 45164-2000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$983.18</b>
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Debtor	<b>Atlanta Light Bulbs, Inc.</b> <small>Name</small>	Case number (if known)	<b>22-52950</b>
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3.216	<b>Nonpriority creditor's name and mailing address</b> <b>Rauch-Milliken International</b> <b>PO Box 8390</b> <b>Metairie, LA 70011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Agent for Reece Supply CO</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.217	<b>Nonpriority creditor's name and mailing address</b> <b>REECE SUPPLY CO OF GA (#65600)</b> <b>5755 OAKBROOK PARKWAY</b> <b>NORCROSS, GA 30093</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,611.44</b>
3.218	<b>Nonpriority creditor's name and mailing address</b> <b>RELIANT REAL ESTATE MANAGEMENT</b> <b>15600 Old 41 Rd</b> <b>Naples, FL 34110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.95</b>
3.219	<b>Nonpriority creditor's name and mailing address</b> <b>Restaurant Technologies</b> <b>2250 Pilot Knob Road</b> <b>Ste 100</b> <b>Mendota Heights, MN 55120</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$330.00</b>
3.220	<b>Nonpriority creditor's name and mailing address</b> <b>RF Smart (ICS, Inc)</b> <b>PO Box 638345</b> <b>Cincinnati, OH 45263-8345</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,251.10</b>
3.221	<b>Nonpriority creditor's name and mailing address</b> <b>RIZE ENTERPRISES</b> <b>PO BOX 1311</b> <b>BRENTWOOD, NY 11717</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,697.52</b>
3.222	<b>Nonpriority creditor's name and mailing address</b> <b>RKB Maintenance Solutions</b> <b>350 Motor Parkway</b> <b>Suite 412</b> <b>Hauppauge, NY 11788</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,200.86</b>

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3.223	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT N JONES MD</b> <b>217 FAIRWAY DRIVE</b> <b>NEW ORLEANS, LA 70124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$61.80</b>
3.224	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT TAITZ</b> <b>3860 Falls Landing Drive</b> <b>Johns Creek, GA 30022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348,029.03</b>
3.225	<b>Nonpriority creditor's name and mailing address</b> <b>RST VISIONS IN COLOR</b> <b>8655 Tamarack Ave</b> <b>Sun Valley, CA 91352</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,888.63</b>
3.226	<b>Nonpriority creditor's name and mailing address</b> <b>Sajjadian Medical Corp.</b> <b>496 Old Newport Blvd</b> <b>Suite 3</b> <b>Newport Beach, CA 92663</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$77.40</b>
3.227	<b>Nonpriority creditor's name and mailing address</b> <b>SATCO PRODUCTS</b> <b>900 N.W. 159TH DRIVE</b> <b>MIAMI, FL 33169</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,154.94</b>
3.228	<b>Nonpriority creditor's name and mailing address</b> <b>SCANA ENERGY</b> <b>PO BOX 100157</b> <b>COLUMBIA, SC 29202-3157</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$542.12</b>
3.229	<b>Nonpriority creditor's name and mailing address</b> <b>SEBCO INDUSTRIES</b> <b>2621 S. Main Street</b> <b>SANTA ANA, CA 92707</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$732.00</b>

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3.230	<b>Nonpriority creditor's name and mailing address</b> <b>Semperlite</b> <b>141 Cassia Way</b> <b>Suite A, Room 100</b> <b>Henderson, NV 89014</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$393.64</b>
3.231	<b>Nonpriority creditor's name and mailing address</b> <b>SENGLED</b> <b>155 Bluegrass Valley Pkwy</b> <b>Suite 200</b> <b>Alpharetta, GA 30005</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,982.00</b>
3.232	<b>Nonpriority creditor's name and mailing address</b> <b>SILVERTON FIRST AID SQUAD</b> <b>86 MAINE STREET</b> <b>Toms River, NJ 08753-1780</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59.96</b>
3.233	<b>Nonpriority creditor's name and mailing address</b> <b>SITLER'S SUPPLIES (#65600)</b> <b>111 WEST VIEW DRIVE</b> <b>WASHINGTON, IA 52353</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.00</b>
3.234	<b>Nonpriority creditor's name and mailing address</b> <b>Sound Services-RH Nolte</b> <b>Po Box 18</b> <b>Bylas, AZ 85530</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57.50</b>
3.235	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHERN EQUIPMENT SALES</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>1896 FORGE STREET</b> <b>TUCKER, GA 30084</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83.88</b>
3.236	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHLAND ELECTRIC, INC</b> <b>ATT: SCOTT NELSON</b> <b>2239 DILLARD STREET</b> <b>TUCKER, GA 30084</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2.00</b>



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3.237	<b>Nonpriority creditor's name and mailing address</b> <b>Sparkles Smyrna</b> <b>666 Smyrna Hill Dr</b> <b>Smyrna, GA 30082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.15</b>
3.238	<b>Nonpriority creditor's name and mailing address</b> <b>Spot Lighting</b> <b>PO Box 20860</b> <b>Long Beach, CA 90801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,250.08</b>
3.239	<b>Nonpriority creditor's name and mailing address</b> <b>STANDARD ENTERPRISES (DBA Watt-man)</b> <b>(656</b> <b>DBA WATT-MAN LED LIGHTING</b> <b>P.O. BOX 1345</b> <b>DECATUR, GA 30031</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,231.75</b>
3.240	<b>Nonpriority creditor's name and mailing address</b> <b>STAPLES ADVANTAGE</b> <b>DEPT ATL</b> <b>P O BOX 405386</b> <b>ATLANTA, GA 30384-5386</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$649.37</b>
3.241	<b>Nonpriority creditor's name and mailing address</b> <b>Staples Busienss Credit</b> <b>PO Box 105638</b> <b>Altanta, GA 30348</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.242	<b>Nonpriority creditor's name and mailing address</b> <b>SUNSHINE LIGHTING</b> <b>744 CLINTON STREET</b> <b>BROOKLYN, NY 11231</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,906.15</b>
3.243	<b>Nonpriority creditor's name and mailing address</b> <b>SUPER H MART DISTRIBUTION</b> <b>2550 Pleasant Hill Rd</b> <b>STE 300</b> <b>Duluth, GA 30096</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.90</b>



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3.244	<b>Nonpriority creditor's name and mailing address</b> <b>SYNOVOS</b> <b>16888 STATE ROUTE 706</b> <b>MONTROSE, PA 18801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27.60</b>
3.245	<b>Nonpriority creditor's name and mailing address</b> <b>TBF Computing</b> <b>1090 Cobb Industrial Dr</b> <b>Marietta, GA 30066</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$245.53</b>
3.246	<b>Nonpriority creditor's name and mailing address</b> <b>TECHNICAL CONSUMER PRODUCTS</b> <b>3691 SOLUTIONS CENTER</b> <b>CHICAGO, IL 60677-3006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,636.73</b>
3.247	<b>Nonpriority creditor's name and mailing address</b> <b>TECHNO USA LLC</b> <b>1580 Boggs Road</b> <b>Suite 500</b> <b>Duluth, GA 30097</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,124.62</b>
3.248	<b>Nonpriority creditor's name and mailing address</b> <b>THE HARTFORD (#75850)</b> <b>P. O. BOX 660916</b> <b>DALLAS, TX 75266-0916</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$270.00</b>
3.249	<b>Nonpriority creditor's name and mailing address</b> <b>The Retirement Advantage</b> <b>47 Park Place</b> <b>Suite 850</b> <b>Appleton, WI 54914</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,357.87</b>
3.250	<b>Nonpriority creditor's name and mailing address</b> <b>THHC LIGHTING</b> <b>1411 North Batavia Street, Suite 212</b> <b>Orange, CA 92867</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,058.45</b>

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3.251	<b>Nonpriority creditor's name and mailing address</b> <b>TOPAZ LIGHTING (65600)</b> <b>PO Box 7247, Mail Code 7333</b> <b>Philadelphia, PA 19170-0001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,729.52</b>
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3.252	<b>Nonpriority creditor's name and mailing address</b> <b>TOPSTAR INTERNATIONAL</b> <b>291 Kettering Drive</b> <b>Ontario, CA 91761</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,654.29</b>
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3.253	<b>Nonpriority creditor's name and mailing address</b> <b>TOPSTAR INTERNATIONAL</b> <b>13668 VALLEY BLVD</b> <b>SUITE D-2</b> <b>CITY INDUSTRY, CA 91746</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$287.52</b>
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3.254	<b>Nonpriority creditor's name and mailing address</b> <b>TRC Electronicis</b> <b>4171 Stony Lane</b> <b>Doylestown, PA 18902</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$244.40</b>
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3.255	<b>Nonpriority creditor's name and mailing address</b> <b>TRUE VISION SYSTEMS</b>   Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$911.25</b>
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3.256	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED PARCEL SERVICE (#65702)</b> <b>P. O. BOX 7247-0244</b> <b>PHILADELPHIA, PA 19170-0001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,534.39</b>
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3.257	<b>Nonpriority creditor's name and mailing address</b> <b>UNIVERSAL LIGHTING (MAGNETEK)</b> <b>PO BOX 5510</b> <b>CAROL STREAM, IL 60197-5510</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,625.92</b>
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3.258	<b>Nonpriority creditor's name and mailing address</b> <b>US BANK EQUIPMENT FINANCE</b> <b>P O BOX 790448</b> <b>ST LOUIS, MO 63179-0448</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,642.19</b>
3.259	<b>Nonpriority creditor's name and mailing address</b> <b>USHIO AMERICA</b> <b>6045 SOLUTION CENTER</b> <b>CHICAGO, IL 60677-6000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,817.92</b>
3.260	<b>Nonpriority creditor's name and mailing address</b> <b>van der Veen, Hartshorn &amp; Levin</b> <b>1219 Spruce St.</b> <b>Philadelphia, PA 19107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$155.00</b>
3.261	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>PO Box 408</b> <b>Newark, NJ 07101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.262	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Connect Fleet USA LLC</b> <b>PO Box 15043</b> <b>Albany, NY 12212-5043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,288.00</b>
3.263	<b>Nonpriority creditor's name and mailing address</b> <b>Versapay</b> <b>548 Market Street # 43812</b> <b>San Francisco, CA 94104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.264	<b>Nonpriority creditor's name and mailing address</b> <b>Verum Analytics Industries</b> <b>18916 Bonanza Way</b> <b>Gaithersburg, MD 20879</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.30</b>

Debtor	<b>Atlanta Light Bulbs, Inc.</b> Name	Case number (if known)	<b>22-52950</b>
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3.265	<b>Nonpriority creditor's name and mailing address</b> <b>WAGES &amp; SONS</b> <b>ATTN: HANK WAGES</b> <b>P.O. BOX 605</b> <b>STONE MOUNTAIN, GA 30086</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140.29</b>
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3.266	<b>Nonpriority creditor's name and mailing address</b> <b>WageWorks, Inc. (take care)</b> <b>1100 Park Place, 4th floor</b> <b>San Mateo, CA 94403</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.50</b>
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3.267	<b>Nonpriority creditor's name and mailing address</b> <b>WellMax Center for Preventive Medicine</b> <b>45200 Club Dr</b> <b>Suite B</b> <b>Indian Wells, CA 92210-8837</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76.44</b>
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3.268	<b>Nonpriority creditor's name and mailing address</b> <b>Western Securities</b> <b>2626 Howell St.</b> <b>Suite 850</b> <b>Dallas, TX 75204</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.28</b>
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3.269	<b>Nonpriority creditor's name and mailing address</b> <b>WESTINGHOUSE LIGHTING (ANGELO)</b> <b>P. O. BOX 780984</b> <b>P. O. BOX 780984</b> <b>Philadelphia, PA 19178-0984</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$230.00</b>
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3.270	<b>Nonpriority creditor's name and mailing address</b> <b>Wildwood Services LLC</b> <b>2242 Otter Creeek Ln</b> <b>Sarasota, FL 34240</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$297.33</b>
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3.271	<b>Nonpriority creditor's name and mailing address</b> <b>Wiredup Electric Inc.</b> <b>14723 Weeks Dr.</b> <b>La Mirada, CA 90638</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Customer Credit Balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128.90</b>
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Debtor **Atlanta Light Bulbs, Inc.** Case number (if known) **22-52950**

Name

3.272 Nonpriority creditor's name and mailing address **WORLDWIDE SPECIALTY  
6759 OAK RIDGE COMMERCE WY  
AUSTELL, GA 30168** As of the petition filing date, the claim is: *Check all that apply.* **\$219,418.77**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: **Vendor**  
Is the claim subject to offset? ☒ No ☐ Yes

3.273 Nonpriority creditor's name and mailing address **XTRA LITE LIGHTING  
6300 ST LOUIS STREET  
MERIDIAN, MS 39307** As of the petition filing date, the claim is: *Check all that apply.* **\$51,334.67**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: **Vendor**  
Is the claim subject to offset? ☒ No ☐ Yes

3.274 Nonpriority creditor's name and mailing address **Z&R LIGHTING** As of the petition filing date, the claim is: *Check all that apply.* **\$593.21**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: **Customer Credit Balance**  
Is the claim subject to offset? ☒ No ☐ Yes

3.275 Nonpriority creditor's name and mailing address **ZLED Lighting  
1536 Kings Highway North  
Cherry Hill, NJ 08034** As of the petition filing date, the claim is: *Check all that apply.* **\$21,600.00**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: **Vendor**  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 7,014.07
5b. +	\$ 3,572,043.48
5c.	\$ 3,579,057.55